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Human Resources Research Centre
Faculty of Education
University of Zimbabwe
P.O. Box MP 167
Mount Pleasant
Harare Zimbabwe
Tel: (263-4 303271/303211 Ext.1601
Fax: (263-4-) 302182
E-mail: zjer@education.uz.ac.zw
Website: www.uz.ac.zw/education/zjer/

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SHOULD TRADITIONAL MEDICINE PRACTISED IN CHIVI, ZIMBABWE BE INCLUDED IN SCHOOL CURRICULA?

Takawira Kazembe and Dominic Mashoko
University of Zimbabwe.

Abstract

Traditional medical practices in Chivi District, Masvingo Province, Zimbabwe were investigated through interviewing traditional healers and other dwellers of the district and through questionnaires given to medical doctors, nurses, heads of science departments of secondary schools and representatives of form four students from thirty-two secondary schools in the district. The respondents consisted of 42% males, 58% females and 16% of the total being below the age of 25 years. Data from interviews were treated qualitatively whilst data from questionnaires were subjected to quantitative treatment. In general, respondents concurred that religion, age, and gender influenced the choice of health care systems. Most people agree that traditional medicines are useful but lament their lack of hygienic practices, labeling and dosage information. The study confirmed that traditional medicines are widely used, with patients seeking treatment mainly in connection with dysmenorrhoea, impotence, snakebites, stomach aches and wound healing. Out of the 1129 respondents, 34% admitted using traditional medicines, 93% think that traditional medicines are important, 56% believe that traditional medicines have advantages over biomedicines and that only people above twenty-five years of age should visit traditional healers.

Introduction

Traditional medicine remains an unwritten science with information on the healing properties of most plants not documented, but kept secret by traditional healers and passed from generation to generation within families only (Sandiga etal., 1995). The lack of information about traditional medical systems has led to low open acceptance of traditional medicines by the indigenous people of Zimbabwe (Chahvunduka, 1994), despising it during the day and visiting traditional practitioners under the cover of darkness at night. Literature was reviewed in respect of six

major areas of concern to the people of Chivi District: dysmenorrhoea, impotence, snakebite anti-venom, stomach ache, wound healing, as well as aphrodisiacs. In his search for food, man learnt to distinguish between edible plants and poisonous plants. Subsequent confrontation with illness and disease led to the chance discovery of plants that could alleviate ailments (Schauneberg and Paris, 1977). Some plants may be toxic at one stage of their growth and be comparatively innocuous at another (Gelfand et al., 1985). Examination of the lists of drugs derived from natural sources reveals that the majority of them were derived from plants (Penso, 1980, and Gelfand et al., 1985). Unfortunately, modern professionals are sometimes hostile to the benefits of knowledge and practices of traditional professionals, resulting in traditional culture being lost to modern societies (Negussie, 1988). In Zimbabwe and other former colonies the situation was made worse by colonial governments and missionaries as they sought to acculturate the conquered in a bid to establish firm control over them (Sindiga, 1995; Peresuh et al., 1999).

Life in the traditional medical sector is the union of the body and senses, soul and mind, and health is the blending of physical, mental, social, moral and spiritual welfare (Negussie, 1988). The traditional medical system is holistic, encompassing the whole person (Ndeti, 1976; Sindiga, 1995). A traditional healer prepares his prescriptions such that a number of herbs are included to ensure the patient is totally cured in a manner that will earn the traditional healer the respect and loyalty of the patient and the patient's family and friends, because he has a personal stake in the recovery of the patient who may be known to him/her and the people around him. His handling of the patient is personal, unlike that of the biomedical practitioners which is impersonal and simply objective (Waane, 1998 Satima et al., 1998). Traditional medical practice has been accused of Being lacking in scientific proof for the efficacy of its medicines; and that Its imprecise diagnosis results in treatment of symptoms rather than the disease (Gelfand, et al., 1985). Biomedicine views disease and illness as physical or mechanical disorders with little relationship with social or religious experiences (Sindiga, 1995). This happens although the biomedical practitioner will argue for the importance of psychological factors in health recovery as physicians should and do respect mental

illness and the mind-body relationship. Indeed, there is a whole specialty devoted to this. The other constraints of biomedicine are perceived as including inaccessibility in physical distance and cost, shortage of drugs, and equipment inability to treat and cure certain diseases, impersonal care (distance between medical staff and patient) and patient's expectations of instant cure (Christie and Sandberg,1989 in Sindiga, 1995). African traditional medicine regards disease and misfortune as having socio religious foundations, treatment going beyond symptomatology of disease to discovery of its deep-seated causes and ways of preventing it recurring (Mbiti, 1969).

The greatest advantage of African traditional medicine is perceived as its holistic approach to medical problems, viewing life from the view of wholeness, living in peace with one's being in body and spirit (Swantz, 1990). The traditional medical practitioner inspires confidence to the patient and his/her family. The main factors influencing the choice of health care are age and education (Ngwatu, 1993) and the accessibility and affordability of traditional herbs to most people (Satima et al., 1998). Most people move between biomedicine and alternative therapies because of these perceived limitations of biomedical practices and the campaign against traditional medicine by colonizers and missionaries (Dalziel, 1955), all resulting in some patients failing to be totally confident of either of the two.

Diseases commonly treated by traditional healers in Zimbabwe

The traditional healers are generally able to attend to patients with the following health problems: diarrhoea, dysentery, dysmenorrhoea, fever, head-ache, impotence, pains associated with pregnancy, pains during child birth, pneumonia, rheumatism, snake bite, stomach ache, tonslitis, toothache, venereal disease, and wound healing. This study will focus on dysmenorrhoea, impotence, snake bite cure, stomach ache, and wound healing because the traditional healers in Chivi District indicated that most of their patients sought medication mainly for these five ailments.

(i) Dysmenorrhoea

Dysmenorrhoea may be defined as the occurrence of pain during menstruation, such pain usually starting from any time up to several hours before a given period begins to as many as 12 hours after the onset of flow. It is estimated that more than half the global post-pubescent females are affected by it (Dawood, 1981; Jollie, 1981).

(ii) *Fibroids*

Fibroids are associated with a number of medical conditions including heavy menstrual bleeding, painful periods, chronic pelvic pain, infertility and recurrent miscarriage. The heavy menstrual periods may be accompanied by bleeding between periods. Fibroids are classified by their location, which affects the symptoms they may cause and how they can be treated (Jollie, 1981).

(iii) *Impotence*

Impotency may be defined as infertility i.e. inability to conceive after sexual intercourse. In males infertility arises due to erectile dysfunction or sperm disorders during production and maturation leading to immature, abnormally shaped sperms, or sperms which are unable to move properly, or sperms may be produced in low numbers (oligospermia) or not at all (azoospermia), or may be caused by infectious diseases or inflammatory diseases such as mumps virus or endocrine or hormonal disorders. The tubes that carry sperms from the testicles may be blocked through injury, infection, or physical anomaly, hence the sperms will not be able to move from the testicles to the penis and out into the vagina, and thence to the uterine tubes. Infections may cause sterility or low sperm counts in men, for example gonorrhea infections may cause scarring and blockage of sperm passage-ways (Chimedza, 2005).

(iv) *Snake venom*

Snake venom is a prey-immobilizing mixture of substances which is used secondarily as a defense system (Dewick, 1997, Ferrer, 2001). The mixture consists mostly of enzymes, neurotoxins and hemotoxins.

Neurotoxins attack the victim's central nervous system leading to breathing difficulties and heart failure. Hemotoxins attack the circulatory system and muscle tissue causing excessive scarring, gangrens and permanent disuse of motor skills. Some snakes contain both neurotoxins and hemotoxins. Others contain either neurotoxins or hemotoxins in their venoms. Anti-venoms (mostly emetics) help to counteract the effects of the enzymes and toxins on the victim (Ferrer, 2001).

(v) ***Wound healing***

Wounds are formed by interruption or damage to the structural integrity of the skin or underlying tissues (Onayade et al., 1996). Wounds, thus, include abrasions, abscesses, bites, burns, blisters, boils, bruises, clean cuts, fractures, gunshot, punctures, skin lesions, sores, scalds, sprains, tears and ulcers. Wound healing is not only a locally restricted regeneration process. It is to a high degree determined by the overall condition of the afflicted organism, depending on diverse endogenous factors such as age, immunologic status, metabolic condition, medication, nutrition, and others (Sedlarik, 2005). It is an art of restoring the structural integrity of a disrupted skin or underlying tissues (Onayade et al., 1996), influenced by local factors as well as by general factors. Local factors modify the healing or interfere with the process of repair. They include large tissue defects, foreign bodies, impaired blood supply, local infection, hemorrhage, and irradiation. General factors include immunological status, nutritional and metabolic status, protein, vitamin, hormonal deficiency, age, and health status. Substances that are intended to heal the wound are usually applied to make the wound cicatrize, make the flesh grow and firm, arrest hemorrhages and to remove foreign bodies (Sedlarik, 2005).

Phases of Wound Healing

According to Sedlarik (2005) wound healing proceeds in three interrelated phases with overlapping time courses:
(1) inflammation or exudative phase
(2) proliferation phase, and
(3) differentiation or regeneration phase.

The inflammation phase lasts anything up to five days. Healing is initiated by injury itself. Initially blood fills the wound defect, leading to platelet degranulation. This amplifies the original injury signal and leads to clot formation, which unites the wound edges, and accumulation of a number of mitogen and chemoattractants at the site of wounding. Production of kinins and prostaglandins leads to vasodilation and increased small vessel permeability in the region of the wound. Oedema results and is responsible for the pain and swelling early after injury. Polymorphonuclear leucocytes enter the wound site for phagocytosis of bacteria. The fibrin monomers formed at the end of this process aggregate spontaneously into long fibers. Factor xiii stabilizes the fibrinous structures with a resulting fibrin network serving as a 'scaffold' for migrating fibroblasts. The proliferate phase (3-14 days) is characterized by the formation of granulation tissue in the wound. Fibroblasts are involved in the synthesis of collagen that begins in the second day after the injury and reaches peak activity during day 5 to 7. Wound contraction, the final stage in the wound healing process, is the inward movement of the intact edges of the injured tissue and it occurs during the differentiation phase (day 7-1 year).The granulation tissue produces the chemotactic signals for migration of the epitherial cells from the edges of the wound. Scar formation is the final stage of wound contraction. A delay in completion of wound healing leads to formation of an abnormal scar.

Thus wound healing is a complicated process. Substances that intervene in wound healing must do so either by facilitating the production of materials used in one or more aspects of the healing process or by intervening in one or more of the mechanisms of the different aspects of the wound healing process. Different substances (including traditional drugs) will affect the processes differently, hence the differences in their efficacies.

Plants Used in Wound Healing in Africa

African traditional healers have treated various wounds over the years using herbal remedies as aids in cleansing of wounds, in extraction of pus, as well as for infected and festered wounds (Onayade et al., 1996). Most of the plants are used on various types of wounds as juice, as sap or

as latex. A few are used as extracts/decoctions. Most traditional healers use the plants singly or in combination on the different types of wounds (Table 1).

Table 1 Classes of African plants generally used in wound healing (Onayade et al., 1996)

Acanthacene	Anacardiaceae	Apocymase	Asteraceal	Bignonaceae
Bombacaceal	Comretaceae	Euphorbiaceae	Leguminosae	Liliaceae
Moningaceae	Passifloraceae	Rubiaceae	Solanaceae	Zingiberaceae

Methodology

Research Design

Qualitative information was sought from traditional healers and the general populace of Chivi District of Masvingo Province, Zimbabwe, in 2005. Qualitative information instead of quantitative information was sought because most of the traditional healers and the general rural populace were not expected to be able to respond to quantitative instruments like questionnaires due to their inability to read or write. A doctor and two nurses were also interviewed so as to check on the validity of claims by traditional healers. Questionnaires were distributed to medical doctors, nurses, teachers and representatives of form four students because this group of respondents was composed of people who were potentially able to understand and respond to quantitative research instruments like questionnaires. The results of analysis of the qualitative information were then combined with results of analysis of the quantitative information.

Qualitative Sample

Participants were selected from an area under three headmen reporting to chief Chivi of Masvingo Province. Consultations with elders in the district led to identification of fifty traditional healers. Further consultations with these led to the group being reduced to twenty-five healers deemed to have the potential to provide the information required by the researcher. These twenty five included both young and old

number of the rest of the participants averaged fifty-five years of age. The purposive sampling obtained data mostly from old people (Cohen and Manion, 1994). This sampling of cases on the basis of their typicality to the data required led to the selection of twenty patient-participants in the study being inclusive of young and old people (Tables 2). The patients were identified to the researcher by traditional healers as their former patients. The other nine hundred and eighty participants being referred to as general populace were picked out at random. One doctor and two nurses from the district hospital were also interviewed at this stage as a check on some statements by traditional healers.

Quantitative Sample

Twenty-four heads of science departments at secondary schools covering the whole district participated in the study. These had taught science at Zimbabwe Junior Certificate or at O' level for at least five years and were deemed suitably experienced for the study.

Sixty-seven form four students were randomly selected from twenty-nine government-aided schools (43 students), two church run boarding schools (19 students), and one church run day school (5 students) in Chivi District (Tables 2). Stratified sampling technique was employed to include almost equal numbers of boys and girls of at least average ability in each group. Fourteen health experts: four medical doctors, nine nurses, and one laboratory technician (all employed by one district hospital, ten rural health centers and one private health centre) responded to the questionnaire.

Research instrument and design

The study was based on ethnographic interviews conducted with twenty-five traditional healers. The interviewer was probing traditional healers to talk about themselves, their culture and their ways of life. Questionnaires could not be used on traditional healers because some of the participants could not read or write. Repetition of questions was employed to ensure that most respondents' experiences and perceptions were captured. Member checking to check internal validity was employed to ensure that participants' correct view points were captured. This was

done through interviewing other traditional healers on the same points during preceding interviews with healers who would have claimed to be able to cure a given ailment. Thus, what was stated by one traditional healer was verified from other healers' perspectives. Internal validity deals with the question of how the findings of a study capture reality (Clark, 2002). Confining the number of traditional healers participating in the study to twenty-five allowed the researcher sufficient time for prolonged engagement with respondents to ensure reliability of responses and to provide internal validity of study (Patton, 2002). Each respondent participated in two interviews averaging two hours during which much time was spent talking about social issues. This was done to establish a good rapport with the participants.

A total of one thousand inhabitants of the district including twenty patients participated in the study and the data treated qualitatively. The traditional healers, twenty patients and twenty five elderly people were interviewed and the rest asked questions at random just to get a feel of how they generally viewed traditional medicines. The unstructured interviews covered a broad area with regard to traditional medicines. The researcher had a guide of the issues he wished to know about but with no closed-ended questions or formal approach to interview (Burns, 1994). The interview was an aid memoire which was open to revision as respondents did shed on new insights and further topics for exploration. Structured interview could have restricted the responses of traditional healers leading to superficial data.

The first session sought the traditional healers' personal and professional backgrounds. The second took place at a later date and centered on medicinal plants the healers use to treat patients with diseases pre-selected by the researcher. Questions posed in the first session were raised again in a way that enabled the researcher to triangulate the data and provide them with internal validity (Clarke, 2000). Interviews, observation of artifacts and audio taping were done as techniques of triangulations. Only three traditional healers and seven patients agreed to be audio taped. The case of interest was traditional medical practice as a community study focusing on the cultural practices of the people of Chivi District. The researcher tried to maintain empathetic neutrality as a stance towards the findings (Patton, 2002), but was suggestive towards peoples'

behaviour, did not give comments on what they said, and used pseudonyms for secrecy.

Qualitative Data Collection

Interview sessions were recorded in the form of field notes in which statements in shona were translated to English. Quotations, direct words, gestures and participant behaviour were recorded, forming thick descriptions of what transpired during discussions (Patton, 2002). Several samples of plants of medicinal value were collected and verified with the Botanical Gardens in Harare, botanical names obtained and filed. Data from multiple sources such as field notes, transcripts of interviews, and discourse from the audio tapes were analyzed in relation to each other, serving to triangulate the data and to help enhance the credibility of the findings and assertions made (Lincoln and Guba, 1985).

Results

Traditional Healers' Views on Drug Action

Sections (a) to (e), below, have been included to highlight the traditional healers' understanding of the drugs they use. It is obvious that the healers understand what they are doing. They just lack theoretical explanation. That cannot be equated with ignorance.

a) Anti-venom

Cyprus angolensis (Ruvhunabadza) causes the patient to vomit foam, taking poison out of the blood and the stomach. *Tapinathus quequensis* (Gomarara renyoka) is taken by a person who then passes by a person who has been bitten by a snake. The snake victim becomes violent as he/she recuperates. The medicine is taken in porridge using the left hand index finger. Their explanation is that snake venom blocks breathing airways and the anti-venom removes poison in the form of foam. No one offered to explain the use of the index finger. They however said that poisons damage the cells and cause bleeding, leading to seizures and death.

b) Dysmenorrhoea

The traditional healers generally view dysmenorrhoea as pains associated with menstruation and arising from complications in the uterus or in the fallopian tubes or simply resulting from fibroids. Some of them use the terms dysmenorrhoea and fibroids interactively and prescribe a combination of drugs to cure these. They use the bark of *Annona senegalensis* taken from the eastern and western sides of the plant, together with roots of *Cyperus digitatus* (jekacheka) but they could not explain the significance of taking the bark from specific sides of the plant. They say the drugs cause menstrual blood to thin out as well as relax blood vessels. They think that contraceptives cause dysmenorrhoea and that the process of birth relaxes muscles and prevent dysmenorrhoea.

c) Stomach aches

The traditional healers think that stomach aches are caused by diarrhea, dysentery, ulcers, and indigestion and that they can be cured by taking salty herbs such as *Elephantorrhiza elephantine* (Torani) to remove dirt from the body and that some drugs reduce the size of the sphincter muscles of the anus as well as remove acids.

d) Reproductive problems

They think that *Scleronya birrea* (mupfura) removes mucus-like substances from male reproductive organs and increase sexual prowess and that the mucus-like substances cause puffing and weaken reproductive organs. They also think that *Ximenia caffra* (munhengeni) cleanses male and female reproductive organs, thereby increasing sexual prowess.

e) Wound healing

Wounds are tied with bark of juicy plants. Incisions are used to introduce drugs and they work for ever.

Qualitative Data Analysis

Qualitative research focused on obtaining emic as opposed to the etic view of situations (Wamahiu and Karugu, 1995), to obtain a holistic view in the natural setting (Borg, Gall and Gall, 1993). Data was analyzed using the constant comparative method of analysis. This involved discovering patterns, themes, and categories in the data through the researcher's interactions with the data i.e 'open coding' (Strauss and Corbin, 1998). The analysis was on-going and continuous and conducted while data was being collected, due to the emergent nature of the data which required the follow-up of leads and necessity to allow participants to elaborate on issues.

Data was also analyzed on the basis of a dense texture of relationships around the 'axis' of the category being focused upon i.e. axial coding. Coding, the basis of 'ground theory', emphasizes becoming immersed in the data being grounded, so that meanings and relationships can emerge (Strauss and Corbin, 1998). During the interviews, ways of thinking, events, phenomena, hypotheses, predictions, explanations, questions, arguments, models and theories were noted. Data from interviews and audio tapes were coded and read through several times to get an impression and sense of totality of the data. Interviews and transcribed data from audio tapes helped in category development to establish new themes until a theoretical saturation point was reached, when no new properties or dimensions or relationships emerged during analysis. Statements made in the researcher's report were reviewed with the participants during interviews for accuracy and completeness.

This member checking aimed at increasing validity of a researcher's reconstruction of an individual's emic perspective. The forward and backward testing process helped to refine categories, adding to or deleting from, or modifying the existing list of categories. An outlier analysis was also done on information given by respondents to check for validity. In the outlier analysis, a situation differing from others most greatly was sought to check whether credible answers were provided. Working back and forth among the data from various sources helped detect relationships among categories and refine working hypotheses on

the basis of confirming evidence (Lincoln and Guba, 1985). Data from multiple sources (field -notes, audio-tape transcripts) were analyzed in relation to each other, to triangulate the data and to enhance the credibility of the findings and assertions made (Lincoln and Guba, 1985; Strauss, 1987).

Quantitative Data Analysis

The questionnaire was employed because it collects information rapidly, although it does not probe respondents if inadequate information is given (Burns, 1994). Interviews with nurses (including audio-taping some of them) were done to augment questionnaire responses as well as check on the validity of information from traditional healers. The questionnaire was designed using information obtained from the qualitative study. Data from the questionnaire was analyzed using percentages and the chi-square test. The chi-square test was used to establish significance of statistical differences in the non-parametric data obtained in this research (Best and Kahn, 1993).

Table 2 Distribution of Participants

	Male	**Female**	**Total**	**Below 25 yrs**
Trad. Healers	15	10	25	0
General Populace	400	600	1000	100
Students	35	32	67	67
Teachers	19	5	24	7
Doctors	4	0	4	0
Nurses	4	5	9	1
Total	477	652	1129	175
% of total	42%	5%		16%

Discussion

The research established that the people of Chivi District use medicinal plants, though secretly at times. One traditional healer lamented that some people despise them but secretly visit n'angas under cover of darkness at night. The traditional healers described their practices mainly

in terms of drugs for stomach problems (including ulcers, diarrhea and dysentery), reproductive problems (including dysemenorrhoea and impotence), snake anti-venom and wound healing. The traditional healers were able to give accounts of their uses of herbal medicines. They could not give sound explanation of the mechanisms of action of some of the herbs they prescribed, but patients were satisfied with the efficacy of the medicines. Incidentally, even some of the nurses who were interviewed could not satisfactorily explain mechanisms of cure by the drugs they gave to people (Sections a - f).

The traditional healers generally felt that there was need for collaboration with biomedicine, but they were quick to point out their fears of being swindled by biomedical personnel. They agued that biomedical personnel had on many occasions taken their medicinal secrets and had given them nothing in return.

Anti-venom

Most traditional healers claim to have snake anti-venoms. Their explanation of the mechanism of action of the anti-venom was in agreement with that of the biomedical practitioners i.e. that their drugs take poison out of the patient's body (Ferner, 2005). One traditional healer claimed that his anti-venom never fails and was in that respect better than biomedicine which some times fails, forcing the doctors to amputate, suggesting that in some cases at least, there is merit in having traditional medicine working together with biomedicine. The traditional healers (40%) claimed that when two snakes fight and one of them dies in the process, the victorious one collects a drug that revives the other. They claim that a person who drinks a concoction of the drug never gets bitten by a snake in the future. If his shadow covers a person who has been bitten by a snake or if he/she gets the patient between his/her legs, the patient gets cured. Asked why they do not reveal their drugs so that people would benefit, the traditional healers said that they could not do so for fear of losing ownership of the drugs.

Biomedical doctors and nurses dismissed the claims of success by traditional healers as based on myth.

Dysmenorrhoea

All female participants admitted to have suffered from dysmenorrhoea and all traditional healers claimed to have a drug that cures it. All female respondents concurred that women who suffer from dysmenorrhoea give out more menstrual blood than those who do not and that the rate of flow is less for women than for girls. Some of the women claimed that contraceptives worsen the pains of dysmenorrhoea and reported that dysmenorrhoea was the most common problem treated by traditional healers and patients were happy with the herbal drugs that they were given after failing to be cured at hospitals and clinics, 90% of the interviewees citing murumanyama as the cure for dysmenorrhoea.

Stomach Aches

The traditional healers and some of their patients believe that herbal drugs remove dirt from the stomach and from blood. All respondents, including the biomedical personnel, admitted that herbal drugs were useful stomach ache cures.

Impotence

Traditional healers claimed that herbal drugs (including aphrodisiacs) did not have side effects but biomedical personnel insisted that all drugs needed to be screened and further alleged that what traditional healers claimed to be drugs to cure impotence were just aphrodisiacs. However, traditional healers insisted that their drugs clean the reproductive organs and cause fertility. Biomedical personnel, however, agreed that indigenous culture and scientific culture should coexist.

Wound Healing

The biomedical respondents argued that the purpose of drug application on wounds was to protect it from bacteria. Traditional healers insisted that their drugs did not just protect the wound, but actively assisted the process of wound healing. On the claim by traditional healers that a drug introduced via incision would permanently protect the patient, biomedical personnel argued that the life of a drug in the body depended on

metabolic activities. Elderly people were of the view that traditional drugs would prevent the recurrence of disease.

Administration of Drugs

Most people who use traditional medicine in Chivi District do so because it is affordable. It was also claimed that there was not much difference in the ways biomedicines and traditional medicines were administered in Chivi District. Both applied oral administration or in the case of wound healing, both systems applied drugs to the wound. However, it was generally felt that traditional medicines needed to be registered, correctly prescribed, and that knowledge of traditional medicines needed to be revealed. Most respondents hold the view that traditional medicine is for the old people. The respondents in this study ranged from young people in form four to the elderly in communal areas (Table 3).

Table 3 Ages of the Respondents

Below 25 yrs	25-30	31-40	41-45	46-50	51-55	56-60	61-65
175	165	266	47	90	120	101	140

The twenty-five traditional healers are not included in the table. All teachers, students, doctors and 8 of the 9 nurses were below 45 years of age.

Table 4
Respondents' views on use, source and importance of drugs, and on age of patients

I use trad.	Drugs are of Medicines	Trad. Drugs plant origin	Trad. Med. are important	Only 25 yrs + better drugs	visit herbalists
Trad. Healers	24	24	25	25	8
Gen. Populace	300	934	926	540	820
Students	23	67	67	40	60
Teachers	24	23	22	23	21
Doctors	1	4	4	0	4
Nurses	8	9	8	6	8
Total	380	1061	1052	634	921
% of total	34	94	93	56	82

Analysis of the table

Only34% of the respondents admitted using traditional medicines; 94% know that drugs are derived form plants; 93% believe that traditional medicines are important; 56 % believe that traditional medicines have advantages over biomedicines and 82% believe that only people above 25 years of age should visit traditional healers. A total of 1129 people took part in the study, 42% were male, and 16% were below 25 years of age (Table 4).

Conclusion

This study revealed that the people of Chivi District view traditional drugs as important and relevant. Their choice of health care system is governed by their respect for the system and its affordability. Traditional healers are willing to co-operate with biomedical personnel as long as the question of ownership is addressed. An argument is therefore made on the inclusion of traditional medicine as a subject in Zimbabwe's school curriculum.

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